

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

9577

**1. PLACE OF DEATH**

County Moniteau  
Township Burris Fork  
City (No. 5-774-B)

Registration District No. 214  
Primary Registration District No. 5724  
EST

File No. 10  
Registered No. 214  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Willie B. Larimore

(a) Residence. No. Enon, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20th 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 8 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farm Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mokane Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Daniel B. Larimore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Jane OBrine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Jane Larimore  
(Address Enon, Mo.)

15. FILED 9-24-1930 W. L. Lulu REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1927 to March 22, 1930 that I last saw him alive on March 23, 1930, and that death occurred, on the date stated above, at 5:30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diabetes Mellitus

57 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. L. Lulu M. D.

2-24-1930 (Address) Russellville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Farria Cemetary

Mar. 24 1930

20. UNDERTAKER

ADDRESS

G. N. Steffens

Russellville

Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

